



MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO. 1
1540 WEST PARK AVENUE, SUITE 1
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CHECKLIST FOR TEMPORARY FOOD SERVICE

- _____ Clean apron or uniform
- _____ Hair Restraint
- _____ Plentiful supply of disposable gloves
- _____ Containers to wash-rinse-sanitize kitchenware; plentiful supply of sanitizer
- _____ 5 gallon container for hand washing. Container must have a continuous flow spigot
- _____ Container to hold all liquid waste generated at hand wash station
- _____ Pump style soap (bar soap prohibited)
- _____ Disposable hand towels & garbage can
- _____ Dial stem thermometer. Must provide thin probed thermometer for thin massed foods
- _____ Sufficient container with lids to remove all grease and wastewater
- _____ Serving spoons, spatulas, knives, tongs, scoops etc....
- _____ Plastic wrap, domes, lids for covering foods
- _____ Sneeze guards
- _____ Platforms for elevating food & paper products off ground
- _____ Ground cover
- _____ Straws
- _____ Sufficient equipment to keep hot foods hot & cold foods cold
- _____ Supply of "start-up" ice
- _____ Wrapped single service utensils

